

INDIAN HEALTH SERVICE
COMBINED ANNUAL MEETING OF THE NATIONAL COUNCILS
OF CLINICAL DIRECTORS, SERVICE UNIT DIRECTORS,
CHIEF MEDICAL OFFICERS, AND NURSE CONSULTANTS
Accredited Sponsor: IHS Clinical Support Center

The Bahia Resort Hotel
998 W. Mission Bay Drive
San Diego, California 92109
1-800-288-0770 or (619) 488-0551

January 31 - February 3, 2000

REGISTRATION/WORKSHOP SELECTION

PRINT all the items listed below and return by **December 31, 1999**. There is **NO** registration fee to attend this meeting.

Name: _____ **Social Security #:** _____
First M.I. Last

First Name for ID Badge: _____ **Circle Preference:** Ms. Mrs. Mr. Dr.

EMPLOYED AT: _____ **Work Telephone #:** _____

PO Box/Street: _____

Work Site: ☐ Direct IHS
☐ Contracting Tribe
☐ Compacting Tribe
☐ Urban Indian Program
☐ Other _____
Specify

City/State/Zip: _____

Professional Category:

☐ Physician ☐ Service Unit Director ☐ Nurse
☐ Physician Assistant ☐ Pharmacist ☐ Other _____
Specify

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MEAL FUNCTION

NUMBER REQUESTED

TOTAL

AWARDS LUNCHEON, Tuesday, February 1:
11:45 - 1:45 p.m.

*Breast of Chicken, Salad, Dessert
and Drink* _____ X \$20.00 = \$ _____

[SEE REVERSE FOR WORKSHOP SELECTIONS]

WORKSHOP PREFERENCE SELECTION

BREAKOUT WORKSHOPS: Please indicate your **first, second, and third choice** for each workshop session on the lines beside their code number. Note some workshops are repeated. Assignments will be made on a first-come, first-served basis. Return this form promptly!

MONDAY, JANUARY 31, 2000

Session A

4:00 - 5:30 p.m.

- _____ A-1* Privileging and Credentialing
- _____ A-2* Diabetes Management
- _____ A-3 Joint Ventures
- _____ A-4* Internet Resources
- _____ A-5* COBRA/EMTALA
- _____ A-6 Tribal Consultation

TUESDAY, FEBRUARY 2, 2000

Session B

1:45 - 3:15 p.m.

- _____ B-1* Bioterrorism [Repeat C-1]
- _____ B-2* Elder Issues
- _____ B-3* Recruitment/Retention Panel
- _____ B-4* Role of PHN in Population Based Care
- _____ B-5 Contract Process Streamlining
- _____ B-6 TBA

TUESDAY, FEBRUARY 2, 2000

Session C

3:30 - 5:00 p.m.

- _____ C-1* [Repeat B-1]
- _____ C-2 Nursing Workforce
- _____ C-3* Med Contracts and Their Impact
- _____ C-4* Accreditation Options
- _____ C-5* Disability Assessment
- _____ C-6 TBA

WEDNESDAY, FEBRUARY 2, 2000

Session D

10:15 - 11:00 a.m.

- _____ D-1* Superbill/Coding
- _____ D-2 IHS Billings/Collections
- _____ D-3 Tribal and Urban Billing/Collections
- _____ D-4* CD Role in Optimizing Collections

WEDNESDAY, FEBRUARY 2, 2000

Session E

11:10 - 12:00 p.m.

- _____ E-1* [Repeat D-1]
- _____ E-2 [Repeat D-2]
- _____ E-3 [Repeat D-3]
- _____ E-4* [Repeat D-4]

WEDNESDAY, FEBRUARY 2, 2000

CME Activity

12:00 - 1:15 p.m.

- _____ *Limb Loss Prevention in Diabetes

WEDNESDAY, FEBRUARY 2, 2000

Session F

1:30 - 3:00 p.m.

- _____ F-1* Complementary Medicine
- _____ F-2* Hlth Economics Beyond 2000
- _____ F-3* Psychopharmacology
- _____ F-4* Reach Out and Read
- _____ F-5 Gov't Quarters and Housing
- _____ F-6* End of Life Issues

THURSDAY, FEBRUARY 3, 2000

Session G

8:15 - 9:45 a.m.

- _____ G-1* Violence on Reservations [Repeat H-1]
- _____ G-2* Tort Claims/Risk Mgmt [Repeat H-2]
- _____ G-3* Herbal Medicine
- _____ G-4* Antibiotic Resistance
- _____ G-5 RPMS Update
- _____ G-6* Impaired Providers

THURSDAY, FEBRUARY 3, 2000

Session H

10:15 - 11:45 a.m.

- _____ H-1* [Repeat G-1]
- _____ H-2* [Repeat G-2]
- _____ H-3* [Repeat G-3]
- _____ H-4* Disruptive Providers
- _____ H-5* Division of Info Resources (DIR) Issues
- _____ H-6* Managed Care Update

*Topics earning CME credit.

Return this completed form to the address below with your check payable to: **THE PHOENIX COA**. Only checks or money orders will be accepted (HHS-350 CANNOT BE ACCEPTED AS PAYMENT). **POSTMARK NO LATER THAN DECEMBER 31, 1999.**

NCCD c/o IHS CLINICAL SUPPORT CENTER, Two Renaissance Square
40 North Central Avenue, Suite 780, Phoenix, AZ 85004
For more information call: Dr. E. Y. Hooper or Gigi Holmes at (602) 364-7777
FAX (602) 364-7788